

Child's Name: _____ Date: _____

ADS - Child Version

Part A

Below is a list of sentences that describe how people feel. Please read each and decide how much or how often it has been true for you over the past 3 months.

		Not true; hardly ever true	Somewhat true; sometimes true	Very true; often true
1	I get really frightened for no reason at all.	0	1	2
2	I am afraid to be alone in the house.	0	1	2
3	People tell me that I worry too much.	0	1	2
4	I am scared to go to school.	0	1	2
5	I am shy.	0	1	2

Total Part A: _____

Part B

Please circle "No" or "Yes" to answer the following questions:

1	Do you have any habits or things that you need to do over and over again?	No	Yes
2	Do you need to check things, count things, repeat things, order things, arrange things, or save things?	No	Yes
3	Do you have worried thoughts that keep coming up in your mind, or, do you feel like you need to get things "just right" or perfect?	No	Yes

Total Part B: _____